

Delaware Health Care Commission
Thursday, April 2, 2015 9:00 a.m.
Duncan Center, 5th Floor
500 W. Loockerman Street, Dover

Meeting Minutes

Commission Members Present: Bettina Riveros, Chairperson; Thomas J. Cook, Secretary of Finance; Susan A. Cycyk, M.Ed, Director of Prevention and Behavioral Health Services, Department of Services for Children, Youth and Their Families; A. Richard Heffron; Rita Landgraf, Secretary, Delaware Health and Social Services; Janice L. Lee, MD; Kathleen Matt, PhD; and Dennis Rochford.

Commission Members Absent: Theodore W. Becker, Jr.; Janice E. Nevin; and Karen Weldin Stewart.

Staff Attending: Michelle Amadio, Executive Director; and Marlyn Marvel, Community Relations Officer.

CALL TO ORDER

The meeting was called to order at 9:00 a.m. by Bettina Riveros, Commission Chair.

FEBRUARY 5, 2015 MINUTES

Dennis Rochford made a motion that the February 5, 2015 meeting minutes be approved. Rita Landgraf seconded the motion. There was a voice vote. Motion carried.

PRESENTATION: PROPOSED AGING IN PLACE PROGRAM

Michelle Amadio introduced Dennis Leebel, Executive Director of the Parkinson Education and Support Group of Sussex County.

Mr. Leebel gave a presentation on the proposed Delaware “Aging in Place” Community Forum Program. A copy of the presentation is posted on the Delaware Health Care Commission’s website at <http://dhss.delaware.gov/dhss/dhcc/presentations.html>.

Mr. Leebel stated that the Community Aging in Place, Advancing Better Living for Elders (CAPABLE) Project is run by Dr. Sarah Szanton at Johns Hopkins. She came to Delaware last August and spoke with Secretary Rita Landgraf, a representative from the University of Delaware and a few others about her program. She released a report of preliminary data from the CAPABLE Project. Copies of the report were distributed at the meeting.

Her approach involves sending a nurse, occupational therapist and a handyman to the homes of poor residents of inner city Baltimore. The nurse evaluates the individual by looking at their pain, depression, strength, balance and ability to manage their medications. The occupational therapist and handyman look at the house. Between the three of them they determine what needs to be done to keep the individual in their house. She has been very successful at doing this. They are able to keep that person in their house for an undetermined length of time for \$3,300, of which \$1,300 goes to pay for the maintenance on the house, which is just the absolute minimum that needs to be done. She has been studying this now for well over three years and her phase one report was released last November. She is currently conducting a longitudinal study that will not be completed for about one year. At that point she hopes to be able to say how long she is

able to keep people out of a nursing home. She is hoping that it will turn out to be about one year.

Dr. Szanton is also working to reduce hospitalizations and she has reduced those by 50 percent among the ages of people she has worked with.

An important part of the program is that it is patient directed, rather than patient oriented or patient centered. The patient tells them what is important to them and that is what they try to make happen with the house.

The Centers for Medicare and Medicaid Services (CMS), National Institutes of Health (NIH), John A Hartford Foundation, and Robert Wood Johnson Nurse Faculty Scholars Program together have provided \$5.7 million in funding for the project.

Mr. Leebel received an email from Dr. Szanton in February stating that the state of Michigan is doing a demonstration of her program. The state offered \$600,000 matching a grant that they received for a total of \$1.2 million being spent in Michigan to do a demonstration of the project. They are going to do it with 90 people in three large cities in Michigan. When they are finished they will have some infrastructure in place to carry out the program.

Some of the improvements were with the activities of daily living that the people were having. Their problems were cut in half. They tripled the number of people who reported no difficulty with walking. They increased by 79 percent the number of people who said they had less difficulty with self-care after five months. They reduced by 50 percent the number of difficult self-care tasks. The instruments used for activities of daily living were decreased by 25 percent. There was a significant decrease in people with depression. During the year before CAPABLE 37 percent of the people were hospitalized. During the five months after that, 12 percent were hospitalized. None of the 100 people who completed the program had moved to a nursing home.

Dr. Szanton is prepared to work with the state of Delaware. Mr. Leebel has talked with her about the possibility of coming to each of the counties in Delaware to speak.

Mr. Leebel is proposing a state-wide effort to implement Project CAPABLE in Delaware involving both the private sector and the government with the lead of Delaware Health and Social Services. He is also proposing holding an "Aging in Place" series of Community Forums in the summer and fall of 2015. His support group put on two Aging in Place community forums in Sussex County last year. The heads of Beebe Hospital and Nanticoke Hospital served as the moderators for those programs. Rita Landgraf was the honorary head speaker for both of the programs.

Mr. Leebel stated that Dr. Szanton thinks that CMS will fund the CAPABLE project if it meets the triple aim of improving individual experience, improving the health of Delawareans, and reducing health care costs. That is the CMS criteria for approving it and they think they will be approved by including CAPABLE in the Delaware Medicaid Waiver Program or the Medicare Advantage Program.

Questions and Comments

Ms. Riveros stated that, when the forums are scheduled, the staff will be happy to get those announcements out to the Health Care Commission community.

Jim Lafferty, of the Mental Health Association, thanked Mr. Leebel for the work he is doing. He asked which organizations, other than Delaware Health and Social Services, are on board with discussing implementation plans.

Mr. Leebel stated that Christiana Care is on board. They are already doing this to a small degree in terms of sending someone out to make repairs on the houses. They make 350,000 house visits per year. He also thinks that the University of Delaware is on board.

Susan Cycyk, of the Department of Services for Children, Youth and Their Families, stated that there are some recommendations in the material that Mr. Leebel distributed at the beginning of the meeting that people might need services in addition to the five months of the CAPABLE project. They might need a yearly booster. She asked if the research is beginning to identify whether that is needed. She stated that she thinks a service like this, in addition to having physical and mental health benefits for the elderly person, would have some benefits for the other family members as far as quality of life, health and welfare. She asked if that was included in the research.

Mr. Leebel stated that he does not think it was. It would probably result in a good level of relief to the caregiver as well. Dr. Szanton is looking at whether the four or five visits that the nurse makes is the appropriate number. It could be more and could be less in some cases.

Joann Hasse, of the League of Women Voters, stated that, in terms of support for the program, many of the people who need to be included are not on Medicaid but are in need of these types of services and there is not an organized way to reach them. In the long term, it is important to think about this as an Aging in Place program for everyone.

Secretary Landgraf stated that they will be incorporating Medicare as well as Medicaid. When they talk about the State Innovation Model (SIM) and refer to “all payers” they mean Medicare as well. There is some complexity because it is federally driven; however, she knows through the conversations with CMS that the intent is for Medicare to be included. She thinks that by engaging AARP as a national organization they will be very supportive and helpful with the discussion with CMS and Medicare.

Wayne Smith, of the Delaware Healthcare Association, stated that they have been doing a lot of thinking about care management both outside and before the State Innovation Model (SIM) project. It is an integral part of their process and he thinks project CAPABLE would fit very nicely. He thinks it would work best if grants were given to people who put these care management teams together locally. He thinks it makes more sense from a hospital perspective if there is a way to get reimbursement from Medicaid and then select the contractor locally in order to have a rapid response. He asked if that was done in Maryland.

Mr. Leebel stated it was done with a small team at Johns Hopkins.

Mr. Smith asked if they worked with the Maryland Hospital Association on this project. Mr. Leebel stated that he did not know whether Ms. Szanton worked with them or not. Michigan seems to be the state that is most involved at this point. Ms. Szanton has talked to Arizona and parts of Indiana. The hospitals with their own health care programs should be able to scale up pretty quickly.

Ms. Riveros stated that the staff can follow up to understand better how the grants may be structured or other revenue streams that may develop.

Dean Kathleen Matt stated that in Delaware they want to be sure that they capture the data and do their own research so they will have the data to move the project forward in terms of both measured outcomes and the economic drivers.

Mr. Leebel stated that it is important to remember the cost of \$3,300 with this project versus the cost of a year for an individual in a nursing home, which is about \$60,000 or \$70,000. That is a huge difference.

AFFORDABLE CARE ACT/HEALTH INSURANCE MARKETPLACE UPDATE

Rita Landgraf presented an update on Delaware's Health Insurance Marketplace and Essential Health Benefits Benchmark for Plan Year 2017. A copy of the presentation is posted on the Delaware Health Care Commission's website at <http://dhss.delaware.gov/dhss/dhcc/presentations.html>.

As of February 22, 2015, 25,036 Delawareans selected a 2015 Marketplace health plan and 9,693 were eligible for Medicaid, for a total 2015 enrollment of 34,729 through the Affordable Care Act.

The Stakeholder Packet for the Essential Health Benefits Benchmark for Plan Year 2017 is posted on the Delaware Health Care Commission's website at <http://dhss.delaware.gov/dhcc/>. The public comment period is April 6 through April 24, 2015.

The following are key dates to remember:

<u>Date</u>	<u>Milestone</u>
April 6-24, 2015	Public Comment Period on Essential Health Benefits benchmark for Plan Year 2017
April 30, 2015	End of Special Enrollment Period for certain individuals impacted by the tax penalty
November 1, 2015	Beginning of Open Enrollment for 2016

- Medicaid enrollment is open all year.
- Small businesses can enroll in SHOP at any time.
- Only those with qualifying life events, such as birth/adoption of a child, loss of minimum essential coverage, aging out of parents' insurance at age 26, etc., may enroll in the Marketplace outside of open enrollment.
- Consumers who enroll on or before the 15th of the month will receive coverage on the first of the following month. Those who enroll between the 15th and the end of the month will begin coverage on the first of the next following month.

Questions and Comments

Dennis Rochford questioned the statement on slide number 24 of the presentation that, "on February 18, the IRS and the U.S. Treasury Department announced that they will wait until summer 2015 to start enforcing financial penalties on small businesses that provide Health Reimbursement Arrangements (HRAs) to their employees." He asked why the penalty will be imposed on business that do provide as opposed to those who do not provide HRAs to their employees.

Secretary Landgraf stated that businesses are penalized for providing HRAs under the Affordable Care Act. Slide number 24 of the presentation states that “in Fall of 2013, the Treasury Department issued guidance that indicated that HRAs did not comply with ACA regulations.” It is important that people are aware of this information because the penalty of \$100 per day per employee is significant for a business.

Nick Moriello, of Health Insurance Associates, clarified that small businesses can offer HRAs that comply with the law and are not penalized. Not all HRAs are penalized. It is just the ones that are reimbursing individual insurance premiums. Employers will still be able to offer HRAs to reimburse an employee’s cost-shares, such as deductibles or copayments, but not premiums.

Secretary Landgraf stated that Slide number 24 will be revised to clarify the information before the presentation is posted on the Health Care Commission’s website.

Rich Heffron asked if the number and demographic make-up of the 48 percent of Delawareans who are eligible for Marketplace coverage and not enrolled is available. Secretary Landgraf stated that it is not. Health and Human Services is going to be releasing more information relative to the uninsured and it is hoped that it will include demographic information.

Ms. Riveros stated, as Secretary Landgraf noted, there are opportunities for grants to reach out to specific populations and organizations in the state are encouraged to pursue those if interested.

Mr. Moriello stated that the Commission may want to let the Centers for Medicare and Medicaid Services (CMS) know that they have been hearing as a recurring theme that consumers who log back into Healthcare.gov want to review what they estimated their 2014 income to be when they enrolled. A lot of people who are buying individual coverage are self-employed and their income tends to be a bit unpredictable. Now that they are filing their 2014 taxes it would be helpful for them to review what they estimated their 2014 income to be when they enrolled because they may need to rethink what they are estimating for 2015 to adjust their tax credit accordingly.

When they log in to Healthcare.gov it captures a lot of the original income based determinations, the tax credit and eligibility; however, it does not capture what the individual originally estimated as their income. If the State has an opportunity to comment, this is something that would be helpful for the system to capture.

Secretary Landgraf stated that the state will make that recommendation to CMS. They can also remind consumers, especially if they are self-employed, to record their estimated income for the previous year.

Mr. Smith stated that, from what he has heard from physicians and the hospitals, the Affordable Care Act’s promise of broadening insurance in terms of reducing uncompensated care is going largely unfulfilled because the new insurance products have very high and significant deductibles and copays. There are a lot of people who are not paying the deductibles to providers.

Secretary Landgraf stated that is something they want to take a closer look at relative to uncompensated care. They want to be able to integrate these issues with the ongoing State Innovation Model work. She stated that Ms. Riveros is constantly reviewing and evaluating the deductibles, copays, and other products that might be able to be brought forward. It is going to be an evolving process but it is important. This is just the second enrollment period and Delaware is still early in its innovation work.

Jonathan Kirch, of the American Heart Association, stated that at one time it was thought that the United States Department of Health and Human Services would offer broad national guidance and a framework for the essential health benefits. He asked if that is still likely or if it is unlikely to happen.

Ms. Riveros stated that was originally on the table years ago but then it was redirected to the states to select the benchmark plan based on the options provided.

Bernadette Schad stated that this issue continues to be brought up during the state calls with CMS especially in light of the regulation that they are establishing. When they are asked when Health and Human Services is going to have national essential health benefits they state that it is still under consideration but they are not ready to do that yet.

CENTER FOR MEDICARE & MEDICAID INNOVATION (CMMI) – STATE INNOVATION MODELS (SIM) PROJECT

Ms. Riveros gave an update on the CMMI State Innovation Models Project. A copy of the presentation is posted on the Delaware Health Care Commission's website at <http://dhss.delaware.gov/dhss/dhcc/presentations.html>.

Lolita Lopez, of Westside Family Healthcare, clarified that the next Healthy Neighborhoods meeting will be held at the Herman Holloway Campus at 3:15 p.m. on April 9, 2015.

Ms. Riveros stated that the Board of Directors meeting is next Wednesday, April 8, 2015 at the STAR Campus at the University of Delaware at 2:00 p.m.

Susan Cycyk thanked Ms. Riveros for working on the innovation project and underscored how important it is. She stated that Secretary Landgraf gave a presentation at a joint hearing of the Senate and House of Representatives yesterday. It was about mental health services and the work being done through innovation to address some of the issues.

It was interesting to hear that most of the hospitals felt that the public system was fairly robust for mental health services. That was nice for individuals who are aware that there are still plenty of gaps for mental health services to hear. There are a lot of challenges connecting people with mental health services in the commercial market. That also relates to the fact that Delaware does not have a robust workforce for mental health services and the state is working on that through the SIM project.

Ms. Riveros stated that across all of the work being done it has been important that the broader community has been at the table and supporting that work going forward.

Dean Matt stated that there are a number of initiatives going forward in the state to increase the mental health workforce. The University of Delaware Faculty Senate just approved a Family Psychiatric Mental Health Nurse Practitioner Program that will be moving forward.

Dean Matt, Jim Lafferty, the new Associate Dean for Nursing and Health Care Intervention at the University of Delaware, and others recently met with the Psychology Department and they are looking at a Master's Degree in clinical psychology; however, that will involve some issues around credentialing and licensing.

There is a need to look at this issue very comprehensively. This is where everything comes together and comes back to the work that is happening with the SIM. They need to identify where the needs are in the health care workforce and they need to create those education programs and tag that to the policy, licensing and credentialing so they can get people out into the communities to really help make an impact on healthy communities. It all gets connected and everyone works together as a team.

Secretary Landgraf stated that the State is working toward its delivery and behavioral health to have additional levels of care within its system, both in the system serving people with serious persistent mental illness and addiction, and they still have a lot of work to do relative to how they leverage the fiscal resources and develop a system of care that will allow people to flow from a deep more intensive system of care into a community based system of care. She thinks Delaware is on the right road but still has a long road ahead.

Relative to workforce, Secretary Landgraf stated that Dean Matt's team has been doing great work in bringing care to people with serious persistent mental illness and being part of the Assertive Community Treatment (ACT) teams to address the primary care. It is known that people with serious persistent mental illness tend to die 25 years younger than the general population. Delaware tries to get a good handle on their mental illness, tends to ignore their primary care, and it is known that the brain and the body are connected. There needs to be a way to treat and support Delawareans with a holistic approach to health care. Dean Matt approached Delaware Health and Social Services relative to addressing that primary care through the nurse practitioner program and integrating that as part of their teams that were dedicated primarily to the behavioral health side.

In addition to licensing and credentialing there is the need to talk about the payment structure. It is difficult to replace the current payment structure with a new structure in play while still delivering care. That is a struggle on the behavioral health side now that they are integrating Medicaid. They heard great things about Medicaid paying for behavioral health services; however, there seems to be a void relative to payment on the behavioral health side many times in the commercial arena.

OTHER BUSINESS

Dr. Jan Lee stated that the Delaware Health Information Network (DHIN) has just applied for a major federal grant opportunity. Many states were unable to fully execute their state operational plan under the Health Information Exchange (HIE) cooperative agreement. As a result, many millions of dollars were returned to the federal government from states that were not able to execute their grant. Now those funds are being made available in new grant opportunities. One in particular is a total of \$28 million that will be awarded to from 10 to 12 states who have already proven that they can execute a plan. The individual awards will be from \$1 to \$3 million and the DHIN has asked for \$3 million. It is a matching grant with a three to one federal state match requirement. Because this will be in the form of a cooperative agreement the state match can come from any mix of non-federal sources. States must identify in their application where the match is coming from.

The DHIN will be looking to do some additional things to support the practices in elements that feed into the SIM grant. Particularly with event notification and sharing care summaries in the community health record, as well as expanding on the analytics platform that is currently supporting the common score card. These are several things that they believe will be helpful to the provider community and ambulatory providers. They will also be focusing on some specific work with the behavioral health and long term care post-acute care communities who were

largely left out of any funding opportunities through the Electronic Health Record (EHR) incentive program. They will also be looking to introduce some tools to improve consumer engagement initiatives. This feeds in with the SIM work. It also ties to some significant meaningful use stage two requirements for the providers. They will enable eligible professionals who do not yet have the tools to support the patient requirements of meaningful use stage two to be able to do that with tools that DHIN will be providing and, if this can be a shared resource, every individual practice will not have to spend a large sum of money setting up a patient portal.

They also wanted to meet the needs of consumers in terms of giving them one place to aggregate health care data that they can use to support their own health care decisions and the decisions of care takers, such as a spouse caring for someone with dementia or a child caring for an elderly parent with chronic conditions.

They will announce the awards on June 12, 2015 and there will be a two year period of performance.

If the DHIN receives an award, Dr. Lee will report more of the details about what it will involve at a future Commission meeting.

PUBLIC COMMENT

Joann Hasse, of the League of Women Voters, stated that there has been much discussion for years about how much money is being spent on Medicaid. She believes that it is important to speak about the Medicaid population divided up into the groups being talked about. There are many different Medicaid programs. To lump everyone who receives Medicaid together is a disservice to the funding stream. The aged people who are on long-term care are not the same as the developmentally disabled children, or the people who are on Medicaid for a brief period of time because they need the help. She thinks there would be a much better understanding of the needs of these people if data was provided on the number of people in each of these groups. It is not correct to lump them all together because they are not all the same. She thinks there would be a much better understanding by the legislature and tax payers if they knew what groups of people were being discussed. They need to know what the money is being spent on.

Secretary Landgraf stated that Medicaid is an insurance program. Medicaid is one of the Divisions of the Department of Health and Social Services, along with the Division of Aging, Division of Developmental Disabilities Services and Division of substance abuse and mental health. Medicaid plays a vital role in serving all those populations. With regard to aging and people with disabilities, Medicaid becomes important because it is not just providing health care. It also provides those services that enable them to be in the community.

Secretary Landgraf stated that she agreed with Ms. Hasse and shared what they have been doing to offer that level of education. They meet with the caucuses, and meet individually with the legislators, especially new legislators, to talk with them about the value of Medicaid and how it works. There is a lot of interest in the fraud, abuse and waste issue, but that is also happening nationally and a lot of that has to do with the cost of the Medicaid program. The cost of health care continues to rise. With regard to Delaware's Medicaid expenditures, especially for its long term care population inclusive of people with disabilities, Delaware was the top state that has actually generated a lower cost because it now provides a more robust system of care relative to people in the community. That is why they are trying to remain focused on generating healthier outcomes and a better experience, regardless of how that Medicaid population is defined, but also being fiscally responsible in that process.

Steve Groff, Director of the Division of Medicaid and Medical Assistance, stated that he also agrees with Ms. Hasse. It has been frustrating because they have not been able to generate good data in the past; however, they are improving their capabilities around that. Part of that will be the SIM work and the contributions from the DHIN. Some of it is going to come from their partnership with the University of Delaware and their ability to help them with analytics and do better reporting. Some of the improvements will come from the systems work that they currently have in place, their new Medicaid Management Information System (MMIS) and their new data warehouse decision support system. Mr. Groff stated that they are going to be able to have real meaningful informative data that they can use to answer questions, rather having to perform cumbersome queries or try to come up with anecdotal evidence to support things that seem contrary to what they would want to happen.

Mr. Lafferty thanked Secretary Landgraff, Mr. Groff, Lisa Zimmerman and all of the staff who work for Medicaid because they regularly find themselves being questioned about how they are managing Medicaid. Sometimes people look at the community and ask which people are receiving Medicaid. They are the same as the people who are fortunately able to have commercial insurance. If people do not have insurance their costs can be higher. Thank goodness there is something like Medicaid that will provide for those services. Mr. Lafferty is proud of Delaware for how it has extended and expanded Medicaid to populations who would otherwise not be able to have insurance or receive care. He thinks sometimes the concerns about costs are a bit misplaced. They are health care costs of which Medicaid, commercial insurance and tax payers each pay a part. It is an obligation in order to have a healthy community.

Mr. Kirch stated that there is an e-cigarette debate happening in the Delaware general assembly. He encouraged everyone to talk to their elected leaders and tell them they want comprehensive clean indoor air in Delaware.

NEXT MEETING

The next meeting of the Delaware Health Care Commission is 9:00 a.m. on Thursday, May 7, 2015 at the DelTech Terry Campus Corporate Training Center, Rooms 400 A & B, 100 Campus Drive, Dover.

ADJOURN

The meeting adjourned at 11:00 a.m.

GUESTS

Jennifer Anderson	Delaware Surgery Center
Helen Arthur	Delaware Health Care Commission
Janet Bailey	Hewlett Packard
Carol Bancroft	Delaware Technical and Community College
Ray Brouillette	Easter Seals
Tynetta Brown	UWD
Judy Chaconas	Division of Public Health
Kathy Collison	Division of Public Health
Mike Cordrey	ab&c
Kemal Erkan	United Medical
Tierra Evans	U.S. Senate Carper
Jo Ann Fields, MD	Local Physician
Jill Fredel	Department of Health and Social Services
Jerry Grant	Department of Insurance
Jim Grant	Department of Health & Social Services
Steve Groff	Division of Medicaid & Medical Assistance
Barbara Habermann	University of Delaware
Bill Harper	
Joann Hasse	League of Women Voters
Laura Howard	PCG
Kristy Hull	Delaware Surgery Center
Bruce Kelsey	DGS
Jonathan Kirch	American Heart Association
Jim Lafferty	Mental Health Association
Judy Lapinski	MACHC
Dennis Leebel	Parkinson's Group
Lolita Lopez	Westside Family Healthcare
Cheyenne Luzader	Beebe Healthcare
Katie Macklin	Alzheimer's Association
Sarah Marshall	DSCYF/DPBHS
Greg McClure	Division of Public Health
John McKenna	Rockford Center
Richard Melke	Henrietta Johnson Medical Center
Nick Moriello	Health Insurance Associates
Carolyn Morris	Delaware Health and Social Services
Randy Munson	United Medical
Linda Nemes	Department of Insurance
Maggie Nonis	Westside Family Healthcare
Carol O'Brien	Department of Labor
Brian Olson	La Red
Judy Pappenhagen	Christiana Care Health System
Alex Parkowski	ab&c
Kristin Patterson	Ocean Medical Imaging
Ann Phillips	DE Family Voices
Cimone Philpotts	U.S. Senator Coons
Hiran Ratnayake	Christiana Care Health Services
Joseph Richichi	DMGMA/Home
Jen Rini	News Journal

Jill Rogers
Kate Rohrer
Paula Roy
Adriana Simoes
Patricia Slygh
Wayne Smith
Barb Snyder
Karen Stoner
Joanna Suder
Mark Thompson
Jose Tieso
Leslie Tremberth
Emily Vera
Bhavana Viswanathan
Jacqueline Vogle
Lisa Zimmerman

Division of Services for Aging & Adults with Physical Disabilities
U.S. Senator Coons
Roy Associates
Delaware Academy of Nutrition & Dietetics
Parkinson's Education & Support Group of Sussex County
Delaware Healthcare Association
Easter Seals
HMD
Department of Justice
Medical Society of Delaware
HPES DMMA
PCG
Mental Health Association
UD/CDS

DHSS/DMMA

